

CANCER INSIGHT

FOR GPs

Summer 2018

WHAT YOU NEED TO KNOW ABOUT

SKIN CANCER

VISIT

our Skin Cancer
Recognition Toolkit at
www.doctors.net.uk/sct



CANCER
RESEARCH
UK



IN FOCUS: MELANOMA SKIN CANCER

1 in 54

people will be diagnosed with melanoma during their lifetime.

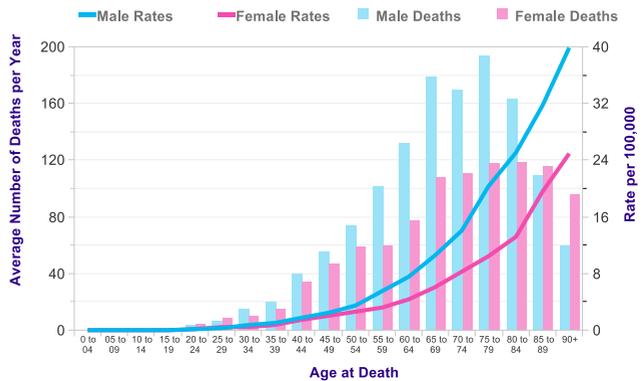
In 2014, there were around 15,400 new cases of melanoma skin cancer in the UK.

For melanoma skin cancer, like most cancer types, incidence increases with age. This largely reflects cell DNA damage accumulating over time. But melanoma is also unusual because around a third of all cases of melanoma in the UK are found in people aged under 55.

Melanoma mortality rates have increased by 156% in the UK since the early 1970s. The increase is larger in males (237%), than in females (89%).

Stage at diagnosis is a key factor, with early melanoma showing very good survival compared with stage IV disease where only a quarter of women and less than a tenth of men survive their disease for 5 years or more.

AVERAGE NUMBERS OF DEATHS FROM MALIGNANT MELANOMA PER YEAR AND AGE SPECIFIC MORTALITY RATES, UK (2012-2014)



Distinguishing melanoma from other pigmented skin lesions in general practice can be challenging. The diagnostic aids on the next page have been developed to assist you with visual inspection of a pigmented skin lesion and help you identify those that require urgent referral for suspected melanoma.



You can find more information on different types of lesion to support your referral decisions in our Skin Cancer Recognition toolkit available at www.doctors.net.uk/sct

MAKING REFERRAL DECISIONS

THE WEIGHTED 7-POINT CHECKLIST

The weighted 7-point checklist has been recommended by NICE for routine use in UK general practice, and SIGN recommends the similar unweighted checklist.

All suspicious pigmented skin lesions scoring 3 points or more should be referred urgently.

MAJOR FEATURES OF THE LESION (2 points each):

- Change in size
- Irregular shape
- Irregular colour

MINOR FEATURES OF THE LESION (1 point each):

- Largest diameter 7 mm or more
- Inflammation
- Oozing
- Change in sensation

Patients should be referred urgently if dermoscopy suggests melanoma skin cancer.

A referral should be considered if a pigmented or non-pigmented skin lesion is suggestive of nodular melanoma.

ABCDE CHECKLIST

SIGN also recommends the ABCDE checklist to identify signs of melanoma that are useful for diagnosis:

- **A**symmetry
- **B**order irregularity
- **C**olour: at least two different shades
- **D**iameter greater than 6 mm
- **E**volutionary changes in colour, size, symmetry, surface characteristics, and symptoms

Any of these features is an indication for referral. **The fold out inside this guide shows some of the changes to look for.**

It's also important to remember that not all melanomas will start from a pre-existing mole; they can also appear as a new spot or mark.

The ABCDE checklist is a good tool to use with patients to educate them about things to look out for.

Patients should be made aware of non-mole changes too, such as a new growth or sore that won't heal, or one that hurts or itches.

SAFETY NETTING

- ADVISE** your patient to monitor the lesion if there is a high degree of confidence that the lesion is benign, and to come back if it changes in any way or a new lesion develops.
- ENCOURAGE** your patients to get to know what their skin normally looks and feels like so they're more likely to notice a change.
- GIVE** advice on prevention of melanoma, especially to patients who are at a higher risk of skin cancer (for example, people with lots of moles or freckles, red or fair hair, skin which burns easily, previous melanoma or family history of skin cancer).
- REMEMBER** that melanoma can occur anywhere on the body, but in men the most common location is the trunk, and the legs for women. See the fold-out inside this guide.

You can order our new 'LET'S STAY SAFE IN THE SUN' leaflet for your patients at cruk.org/sun-leaflet



THE VITAMIN D DEBATE

Although excessive UV exposure is the main cause of skin cancer, for many people sunlight is the most important source of vitamin D, so finding a balance is key.

- Whilst the evidence that vitamin D can protect against a number of chronic diseases is still inconclusive, low levels are linked to bone disorders.
- There is currently no standard definition of an 'optimal' level of vitamin D. The consensus is that levels of 25(OH)D below 25nmol/l qualify as 'deficient'.
- The amount of time people need in the sun to make sufficient vitamin D depends on a number of factors, including: skin type, time of day, time of year, and where they are in the world.
- For most white people, just going about their normal daily activities is sufficient to produce the required vitamin D levels. Patients should be aware that prolonged exposure is unlikely to provide additional benefit.
- It's also important to keep in mind certain groups that might be more at risk of vitamin D deficiency, including people with darker skin and cultural groups who wear full body clothing. The government recommends that such groups take a 10mcg supplement of vitamin D a day.

Read
more about
vitamin D at
NICE:

po.st/guidance



Do you find it difficult differentiating basal cell carcinomas from squamous cell carcinomas and melanomas?

Increase your confidence in accurately diagnosing basal cell carcinomas and referring your patients appropriately with our bitesize learning at po.st/basalcc



SIGN UP NOW AT:
[cruk.org/
cancerinsight](https://cruk.org/cancerinsight)
GP

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Our Cancer Insight newsletter provide you with best practice advice on important cancer-related topics, as well as the latest evidence, training materials, practical tools and patient resources

TOGETHER WE WILL BEAT CANCER

Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103).



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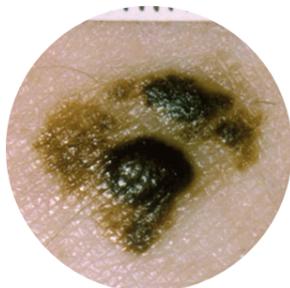
A GUIDE FOR GPs

ASSESSING SKIN LESIONS

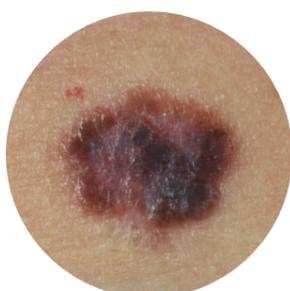
Think **ABCDE** when assessing pigmented lesions which might be melanoma skin cancer. You should also look for 'ugly ducklings' – a new or changing skin lesion which looks unlike anything else on the patient's skin. **Consider referral for non-mole changes too.**

These images are just examples:

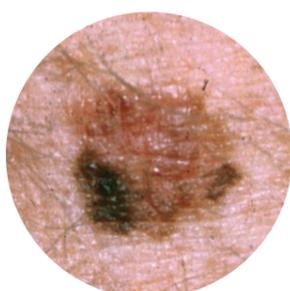
ASYMMETRY



BORDER



COLOUR



DIAMETER

(6mm)



EVOLUTION

Look out for changes to new or existing spots, moles or marks

DISTRIBUTION OF MELANOMA CASES DIAGNOSED BY ANATOMICAL SITE

UK (2010 – 2012)

